

POV INSPECTION CHECKLIST

For use of this form, see Fort Knox Reg 385-10; the proponent is ATZK-S.

OWNER/OPERATOR'S NAME: _____

UNIT: _____ DUTY PHONE: _____

YEAR/TYPE VEHICLE: _____ MILEAGE: _____

<u>ITEM</u>	<u>SAT</u>	<u>UNSAT</u>	<u>REMARKS</u>
<u>LIGHTS</u> a. Headlights	_____	_____	_____
b. Taillights	_____	_____	_____
c. Backing lights	_____	_____	_____
d. Emergency flashers	_____	_____	_____
e. Turn signal indicators	_____	_____	_____
f. Brake lights	_____	_____	_____
<u>GLASS</u> a. Windshield	_____	_____	_____
b. Rear window	_____	_____	_____
c. Rear-view mirror	_____	_____	_____
<u>EXHAUST SYSTEM</u>	_____	_____	_____
<u>WINDSHIELD WIPERS/WASHERS</u>	_____	_____	_____
<u>HORN</u>	_____	_____	_____
<u>STEERING SYSTEM</u>	_____	_____	_____
<u>BRAKE SYSTEM</u> a. Driving brakes	_____	_____	_____
b. Emergency brake	_____	_____	_____
<u>TIRES</u> (including spare and changing equipment)	_____	_____	_____
<u>SUSPENSION SYSTEM/SHOCK ABSORBERS/SPRINGS</u>	_____	_____	_____

OVERALL RATING _____

1. PRIVATELY OWNED VEHICLE (4-WHEEL)

	<u>YES</u>	<u>NO</u>
a. Valid Driver's License	_____	_____
b. Valid State Registration	_____	_____
c. Proof of Insurance	_____	_____
d. Successfully completed AAC	_____	_____
e. Safety Belts Present and Operational	_____	_____
f. Is this the only vehicle you own?	_____	_____
g. (Only if Item 1f is NO) Is this the vehicle you intend to drive during the holiday period?	_____	_____

2. PRIVATELY OWNED VEHICLE (2-WHEEL)

a. Valid Operator's License	_____	_____
b. Valid State Registration	_____	_____
c. Proof of Insurance	_____	_____
d. Successfully completed AMSC	_____	_____
e. Helmet, DOT Approved	_____	_____
f. Safety Gear: Eye Protection, Full-fingered gloves, long trousers, long-sleeved shirt or jacket, high-visibility garmets (bright color for day and retro-reflective for night), leather boots or over-the-ankle shoes	_____	_____
g. Is this the only vehicle you own?	_____	_____
h. (Only if Item 2g is NO) Is this the vehicle you intend to drive during the holiday period?	_____	_____

DATE INSPECTED: _____ INSPECTOR: _____

COMMENTS: